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## BIB DATA SHEET

CONFIRMATION NO. 4790

| SERIAL NUMBER  | FILING or 371(c)<br>DATE  | CLASS                              | GROUP ART UNIT  | ATTORNEY DOCKET<br>NO.    |
|--|---|------------------------------------|---|---------------------------|
| 10/527,494   | 10/11/2005  | 428                                | 1794  | 2133.082USU               |
| <b>RULE</b>  |   |                                    |   |                           |
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| <b>** CONTINUING DATA *****</b><br>This application is a 371 of PCT/EP03/10219 09/13/2003  |   |                                    |   |                           |
| <b>** FOREIGN APPLICATIONS *****</b><br>GERMANY 102 42 848.4 09/14/2002  |   |                                    |   |                           |
| <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b><br>07/21/2006   |   |                                    |   |                           |
| Foreign Priority claimed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>35 USC 119(a-d) conditions met <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>Verified and Acknowledged <u>/LING X XU/</u><br>Examiner's Signature   | <input checked="" type="checkbox"/> Met after Allowance<br>Ix<br>Initials   | <b>STATE OR COUNTRY</b><br>GERMANY | <b>SHEETS DRAWINGS</b><br>3   | <b>TOTAL CLAIMS</b><br>29 |
| <b>INDEPENDENT CLAIMS</b><br>2   |   |                                    |   |                           |
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| <b>TITLE</b><br>Layer system   |   |                                    |   |                           |
| <b>FILING FEE RECEIVED</b><br>1480   | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                                    | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees (Filing)<br><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)<br><input type="checkbox"/> 1.18 Fees (Issue)<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |                           |